

**UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)**

**Charitta Burt, Paralegal**

U. S. Application No. 10/535574

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Publication No. WO 2004/047476 PCT/RO/101

Copy of ISR EP, Copy of IPER EP

Assignee information:

Priority Info: Country EP No. 02406003.0 date 11.20.02 MORE

Correspondence checked: 877 deposit account 09-0468

Inventor Residence city: \_\_\_\_\_, state and/or country \_\_\_\_\_ citizenship: \_\_\_\_\_

International Application No. PCT EP2003/004854 Language Eng

Copy in International Application: \_\_\_\_\_; Translation: yes \_\_\_\_\_ no \_\_\_\_\_ Spec.pg no. \_\_\_\_\_

371 Filing Fees: 1550; US IPER meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 29 Chargeable 29 Independent 5 multiple 16

Number of drawing Sheets: 4 Foreign language: \_\_\_\_\_

Oath/Declaration: ☒ signed ☒ unsigned \_\_\_\_\_ defective \_\_\_\_\_ completed 30 NOV 2005 Power of Attorney: \_\_\_\_\_

Small entity fee: \_\_\_\_\_ SME document yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Copy ISA References \_\_\_\_\_

Copy of IPER: ☒; Annexes: ☒ entered \_\_\_\_\_ not entered \_\_\_\_\_ Text sequence improper \_\_\_\_\_

Preliminary Amendment(s): ☒ date: 5.19.05; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: \_\_\_\_\_ DATE: \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ DATE \_\_\_\_\_

Request for Immediate Examination: \_\_\_\_\_

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: \_\_\_\_\_ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): ☒ Number of copies included 1

Date of 35 USC Receipt of Request: 5.19.05 **Notes:** \_\_\_\_\_

Date Completion USC 371 Requirements: \_\_\_\_\_ |

Notice of Missing Requirements: 11.5.05 |

Notice of Defective Response: \_\_\_\_\_ |

Notice of Acceptance: \_\_\_\_\_ |

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_

Other forms: Chaf address 01 Dec 05 Extension of time: Number of months \_\_\_\_\_